MIAMI-DADE COUNTY, FLORIDA



MEDICAL EXAMINER DEPARTMENT
PUBLIC INTERMENT PROGRAM
NUMBER ONE ON BOB HOPE ROAD
MIAMI, FLORIDA 33136-1133
(305) 545-2422
FAX (305) 545-2409

DATE:		/	
	M	D	Y

Financial Disclosure Statement

Ι,		am the	0
	Name of Next of Kin		Relationship to Decedent
	Name of De		, I do hereby declare that as the legal next of kin
	Traine of De		
of the deced	ent, I am unable to assume	financial responsibility for	funeral arrangements. I understand that Miami-Dado
County reser	eves the right to fully investi	igate all claims of indigenc	y and will diligently seek reimbursement of all funds
provided for	the final disposition of the a	above stated decedent.	•
	Print Name	_	
	Signature	- -	
	Signature		
Address:			
			City/State/Zip
Telephone:	(Day)		
	(Eve)		

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